



Summary of Responses: Request for Information and Public Comment on the Cal eConnect Technical Implementation Plan

Responses received:

October 8, 2010

Posted by Cal eConnect:

November 5, 2010

Cal eConnect Mission

To collaboratively establish policies, services and innovations that make possible the appropriate, secure, and efficient exchange of electronic health information to improve health and health care safety, access and efficiency for all Californians.

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PREFACE

On September 9, 2010, Cal eConnect, Inc. released a Request for Information and Public Comment (RFIPC-2010-001) on its Technical Implementation Plan for Core Health Information Exchange (HIE) Services, hereafter referred to as “the Plan.” The objective of the RFIPC was to collect feedback from health care providers, health information organizations and technology vendors, among other California stakeholders, on Cal eConnect’s approach. This feedback was specifically sought given Federal guidance on Meaningful Use and State HIE Program priorities that was received after the Plan was completed.

The following summary highlights key findings from the RFIPC based on comments received by the deadline of October 8, 2010. The comments do not necessarily reflect the opinions of Cal eConnect and do not suggest any decisions that have been made to revise the Plan accordingly. Cal eConnect is carefully considering all of the comments and will use them as appropriate to inform the development of our Core Services and strategic business plan.

Cal eConnect wishes to thank all respondents for taking the time to provide such thoughtful feedback to guide our approach to improving health care in California by expanding capacity for electronic health information exchange.

Please visit www.caleconnect.org for ongoing updates and to submit further feedback.

- The Technical Implementation Plan was completed in June 2010.
- The final rules on Meaningful Use of Electronic Health Records were posted by the Center for Medicare and Medicaid Services (CMS) in July 2010.
- Additional guidance from the Office of the National Coordinator (ONC) via a Program Information Notice (PIN) was also received in July 2010.
- Both documents provided information and directives that could impact California’s approach to building HIE services.

INTRODUCTION

In June 2010, Cal eConnect completed a Technical Implementation Plan (hereafter “the Plan”) that described an initial approach to providing health information exchange (HIE) services to enable the Meaningful Use of Electronic Health Records (EHRs).

The Plan identified a set of “Core HIE Services” that consisted of two general parts:

- Agreed upon standards for securely and reliably communicating health information (i.e., a messaging framework and an authorization framework)
- Shared software services to certify the identities and electronic addresses of communicating parties (i.e., an Entity Registry and Service Registry)

The Plan also identified other services to be considered, such as a lab data clearinghouse, that were intended to build upon the foundation of the Core HIE Services to meet specific business needs. The Plan can be found on our website (www.caleconnect.org) under “Plans and Projects.”

On September 9, 2010 Cal eConnect posted the Plan for public and industry feedback in the form of a Request for Information and Public Comment (RFIPC-2010-001). Considering that new guidance from the Federal Government was received after the Plan was completed, Cal eConnect sought feedback from a broad group of stakeholders to comment on whether or not the Plan remained viable and to suggest potential barriers or weaknesses that need to be addressed.

The comments received will be used to inform specifications for a Request for Proposals for the Core HIE Services, to be posted in early 2011. The comments will also support the development of a business model that will drive Cal eConnect’s ongoing strategy.

There were several key findings:

- Providers responding to the RFIPC had more experience working with data in an electronic format relative to other California providers
- The Core Services would achieve the goal of providing a foundation for the private and secure exchange of health information among authorized users as long as adequate policies and standards are established and pilot-tested
- The Core Services appropriately capitalize on current exchange capabilities of California providers and can leverage existing technical infrastructure from vendors
- Providers are likely to take advantage of the Core Services depending on actual rollout of services and cost
- The Core Services are necessary but not sufficient; Cal eConnect should consider offering additional HIE services that meet a critical business need such as eRx, lab translation, public health reporting and EHR-Lite.

The remainder of this document explores these themes in more detail.

RESPONDENT CHARACTERISTICS

Cal eConnect received comments from 29 stakeholders, including vendors of Electronic Health Record (EHR) products, HIE products or health information technology consulting services (16) and health care providers (11) and provider advocates (2).

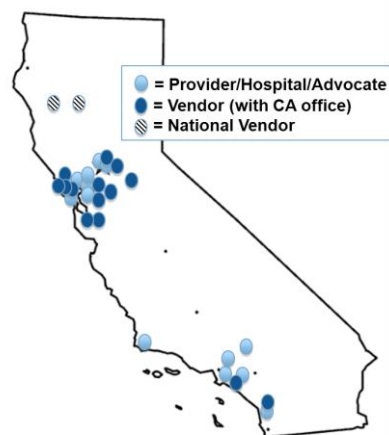
Of the 11 health care provider respondents, seven were medical groups, Independent Physician Associations (IPAs) or Management Services Organizations (MSOs), three were Integrated Delivery Networks (IDNs), and one is a health plan/medical group partnership. The six provider respondents who offered specific information on the number of participating clinicians they represent cover over 9,000 practicing physicians in California.

Vendor and provider respondents were located in both northern and southern California as depicted in Figure 1.

15 of the 16 vendor respondents had a national or international presence and several of the vendors were based locally.

Nine of the 16 vendor respondents participated in the California HIE strategic and operational planning processes while 11 participated in other states' HIE planning processes. Several supported the development of the Nationwide Health Information Network (NHIN) and contributed to HIE services being provided in other states.

Figure 1: Respondent Map



Respondent Use of EHR and HIE

Healthcare providers were asked to describe their experience using EHR and HIE systems. The sidebar illustrates the estimated rates of EHR and HIE adoption statewide for comparison.¹

California Snapshot: EHR and HIE Utilization

- ✓ 37% of physicians use EHR (28% nationally)
- ✓ 13 "health information exchange organizations (HIOs)" provide coverage in California

Electronic Health Record System Utilization. 91% (10 of 11) of the provider respondents stated that at least some of the clinicians in their organizations were currently using an EHR product. They reported between two and ten years experience using the systems in physician practices, with longer experience in participating hospitals. A variety of EHR products were in use even within affiliated organizations of providers.

Health Information Exchange System Utilization. 45% (5 of 11) of the provider respondents stated that they currently

used a HIE system. One respondent used a homegrown product. Others used the capability provided by their EHR vendor to communicate between the same EHRs or purchased systems "off-the-shelf" to send and receive specific types of data such as lab and radiology results,

¹ Sources: (1) California Health Care Foundation. "The State of Health Information Technology in California: Use Among Physicians and Community Clinics." 2008. (2) eHealth Initiative. "Map of HIE Activity in the U.S." Accessed Nov. 1, 2010. Available: <http://www.ehealthinitiative.org/hie-report-data>

personal health record data and clinical messages. Most of the respondents reported using a system for data exchange for less than three years.

Participation in a Health Information Exchange Organization (HIO). 27% (3 of 11) of provider respondents were affiliated with a regional HIO in California that offered exchange services. Respondents also reported forming partnerships with HIOs that were starting up but had yet to provide services. One respondent cited payment rates of \$600 and \$4800 a month to receive services from active HIOs.

Future Plans for Achieving Meaningful Use of EHRs. 55% (6 of 11) of provider respondents reported having developed project plans for their clinicians to fully achieve at least Stage 1 Meaningful Use. Fewer (4) had project plans in place to develop the capacity for health information exchange.

Overall, providers responding to the RFIPC had more experience working with data in an electronic format and had more exchange capabilities than the average provider in California.

FEEDBACK ON PROPOSED CORE HIE SERVICES

A key question that Cal eConnect hoped to answer from the RFIPC was whether providing the Core Services – an Entity and Service Registry administered within a trusted framework – remained a sound initial approach to enabling health information exchange in California.

Core Services Achieve the Stated Goal

Almost all respondents reported that the Core Services would achieve the goal of providing a foundation for the private and secure exchange of electronic health information among authorized users. One respondent noted, “The [Cal eConnect] Technical Implementation Plan for Core HIE Services is an example of efficient public spending and good use of central authority.”

However respondents emphasized that the Core Services are only as valuable as the policies and standards by which they are used and enforced. Several urged Cal eConnect to address safe and secure standards for identification verification and protecting the integrity of information passing through the registries. They felt that the Core Services descriptions in the Plan should be augmented with descriptions of the planned privacy and security framework and a solid process for provisioning and revoking certificates.

“The [Cal eConnect] Technical Implementation Plan for Core HIE Services is an example of efficient public spending and good use of central authority.”

At least six respondents noted that Cal eConnect should embrace all Federal standards for data access and exchange (i.e., NHIN-Direct and NHIN Exchange) to maximize interoperability. Some of these respondents suggested that Cal eConnect would benefit by providing an NHIN gateway as a complement to the Core Services. According to one provider: “We are looking to the Core Services to be the inter-HIE connectivity resource and also the resource that allows [our] providers to communicate with Kaiser and with other physicians throughout the country over the NHIN.”

Core Services Capitalize on Current Exchange Capabilities

Most respondents felt that the Core Services effectively leveraged existing HIE capabilities of providers across the state. They felt that the trust framework and registries will be most appropriately provided at the State level but that the federated architecture supports local autonomy. One respondent commented, "We believe the Cal eConnect model strikes the right balance between providing a statewide infrastructure and supporting and enabling local and regional initiatives in a non duplicative or competitive way."

Several vendor respondents cautioned that Cal eConnect should keep small community providers in mind when developing its technology platform. There may be a risk for small providers to be left behind, for example, if the requirements for accessing the Core Services go beyond the capabilities of legacy systems. In addition, Cal eConnect should make sure to take advantage of regional HIOs to provide services, not just vendors.

Core Services Can Leverage Existing Technical Infrastructure

88% (14/16) of vendor respondents felt they could offer at least some portion of the Core Services and almost all stated they would respond to a Request for Proposals for the Core Services when released.

According to responses, much of the infrastructure and framework for the Core Services could be leveraged from the vendors' existing products, allowing Cal eConnect to procure versus build the architecture from scratch, which will presumably lower costs. Two respondents who estimated the cost of developing, implementing and maintaining the Core Services over three years, suggest costs may range from \$5 - \$6 million.

Providers Likely to Take Advantage of Core Services

73% (8 of 11) healthcare provider respondents said they were likely to take advantage of Cal eConnect's Core Services. Others said it would depend on the ultimate rollout of services and cost.

Respondents differed on a desirable payment model for the Core Services with some saying a subscription model would be preferable while others felt transaction fees were more fair. At least two respondents felt that any payment model should be tiered to accommodate entities of a smaller size with limited financial resources.

Core Services Are Necessary but Not Sufficient

While respondents agreed that the Core Services will be a critical foundation, they felt that Cal eConnect would need to offer additional components in parallel to drive adoption and sustainability. Some of the suggestions were strategies aimed at eliminating barriers to provider adoption of the Core Services, including:

- Technical assistance and clinician outreach in cooperation with the Regional Extension Centers
- Education on the risks and benefits of HIE targeted to clinicians and patients/consumers

- Advocacy and policy development to limit legal liability for exchanging data while preserving privacy and security of health information
- Tools to monitor compliance with privacy and security rules, such as audit logs and a consent repository
- Low technology supported platforms for accessing HIE services for those providers with limited IT infrastructure

Several vendors felt strongly that the Core Services, with the trust framework, should be pilot tested prior to full deployment to ensure that technologies, policies and standards can be implemented as intended.

Respondents recommended additional technical solutions that would address the State HIE program priorities dictated by the Office of the National Coordinator for Health Information Technology (ONC) and meet stakeholder needs. These suggestions are summarized in the following section.

FEEDBACK ON ADDITIONAL HIE SERVICES

ONC's July Program Information Notice (PIN) directed California to offer at minimum one option for providers to engage in electronic prescribing, exchange structured lab results, and sharing of patient care summaries across unaffiliated organizations. The PIN also calls for States to establish immediate next steps to build capacity of public health systems to accept electronic reporting of immunizations, notifiable diseases and syndromic surveillance reporting from providers and enable clinical quality reporting to Medicaid and Medicare.

RFIPC respondents provided recommendations for how Cal eConnect could support providers in achieving these Meaningful Use criteria. Some of the themes identified in the responses are included below and summarized in Table 1:

- Offer or work with vendors to execute group purchasing agreements for a Software-as-a-Service (SaaS) e-Prescribing solution
- Provide terminology and translation services for lab data that aid in rewriting what electronic results a lab system can produce into a standardized format that can be promoted to EHR vendors
- Improve interfaces to public health and Medicaid by taking a leadership role in encouraging the use of standard, nationally-recognized specifications for exchanging data such as immunization reports
- Provide a CCHIT-certified "EHR-Lite" solution or a web-based portal with Meaningful Use functionality, including clinical decision support, for providers who do not have access to another product or service

Other recommendations that spanned across Meaningful Use criteria focused on supporting Accountable Care Organizations (ACOs) through quality measurement and analytics and creating a standard implementation of the NHIN-DIRECT for California. Several respondents pointed to improved identity management as a value-added service Cal eConnect could provide to enhance the accuracy and reliability of exchanged data. Others felt that providing a single

Master Patient Index or Record Locator Service was not an appropriate direction for California given its size and complexity.

Two provider respondents felt that Cal eConnect should aim first to fulfill the mission of helping providers achieve Meaningful Use before pursuing services that went beyond the bounds of Meaningful Use criteria.

Table 1. Components and Services Recommended Across Respondents		
	In the Existing Plan	Recommended Additions
Authorization framework	✓	
Messaging framework	✓	
Entity registry	✓	
Service registry	✓	
SaaS eRx solution		✓
Lab terminology translation service		✓
Nationwide Health Information Network connection		✓
Public health reporting		✓
EHR-Lite / web portal		✓
Privacy, audit reports		✓
Quality measurement and analytics		✓
Identity management		✓
Pilot test of services, frameworks and business model		✓

WARNINGS AND CONSIDERATIONS

Cal eConnect did not perceive any negative feedback on its approach, but there were several considerations that respondents wanted to ensure Cal eConnect addresses as it proceeds, including:

- The Core Services lack foundational services that fully address gaps in HIE capability. Cal eConnect will need to deploy the Core Services with foundational components that add value.
- Cal eConnect must ensure that liability concerns are addressed; individual organizations joining the network may be unprepared to develop a consistent and effective trust infrastructure on their own.
- Reliance on a single data exchange method will be inadequate to ensure sustainability. Cal eConnect should make sure to offer alternative connectivity and exchange methods.
- Any lab solution Cal eConnect offers should not duplicate infrastructure that is already functioning.

CONCLUSION

Respondents generally validated Cal eConnect's Technical Implementation Plan for Core HIE Services, while identifying important risks that Cal eConnect should take into account. Ensuring appropriate privacy and security protections for exchanged data was a high priority across all

"We believe the Core Services will enhance existing local HIE functionality . . . Through a statewide network, the available workflows and data sets for patients will be expanded to a far greater geography, enabling improved access to data and services for all providers statewide."

types of respondents. Commenters also underscored the importance of building a sustainable and transparent business model that can be communicated to stakeholders with limited technical expertise. The business model should promote sustainability of Core and additional HIE services while accommodating organizations with limited financial resources. Respondents felt that while the Core Services were a necessary foundation for the private and secure exchange of data, Cal eConnect should continue to pursue additional services that meet critical business needs and bring value to California stakeholders in meeting the Meaningful Use criteria.

Cal eConnect would like to thank those who responded to the RFIPC for their valuable feedback as well as those who distributed the RFIPC throughout their networks. We are carefully considering each comment offered to inform our future plans.